



CONNECTICUT DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Connecticut.

Connecticut At-a-Glance:

- Connecticut is one of the top ten states for dependence on illicit drugs among young adults age 18 to 25. (National Survey on Drug Use and Health 2007-2008)
- Heroin is the most commonly cited drug among primary drug treatment admissions in Connecticut.
- The Connecticut Prescription Monitoring and Reporting System (CPMRS) collects prescription data on drugs in Schedules II-V.
- Approximately 8 percent of Connecticut residents reported past-month use of illicit drugs; the national average was 8 percent.

Drug Use Trends in Connecticut

Drug Use in Connecticut: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent Survey, 8.23 percent of Connecticut residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.26 percent of Connecticut residents reported using an illicit drug other than marijuana in the past month. (The national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

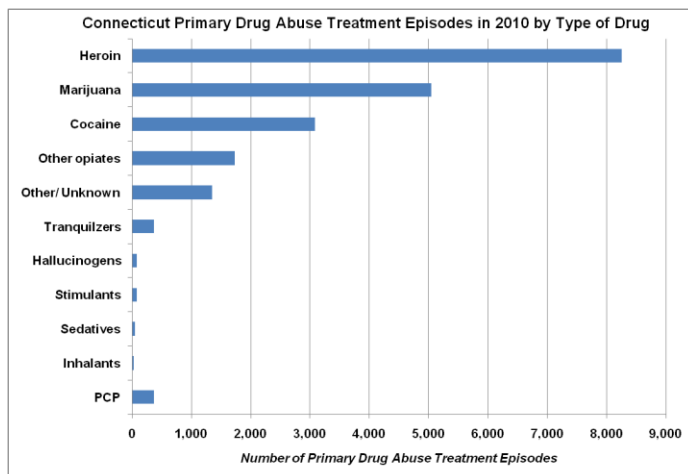
Drug-Induced Deaths: As a direct consequence of drug use, 444 persons died in Connecticut in 2007. This is compared to the number of persons in Connecticut who died from motor vehicle accidents (309) and firearms (149) in the same year. Connecticut drug-induced deaths (12.7 per 100,000 population) were similar to the national rate (12.7 per 100,000).

Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Connecticut Primary Treatment Admissions: The graph at right depicts substance abuse primary treatment admissions in Connecticut in 2010. The data show heroin is the most commonly cited drug among primary drug treatment admissions in Connecticut.

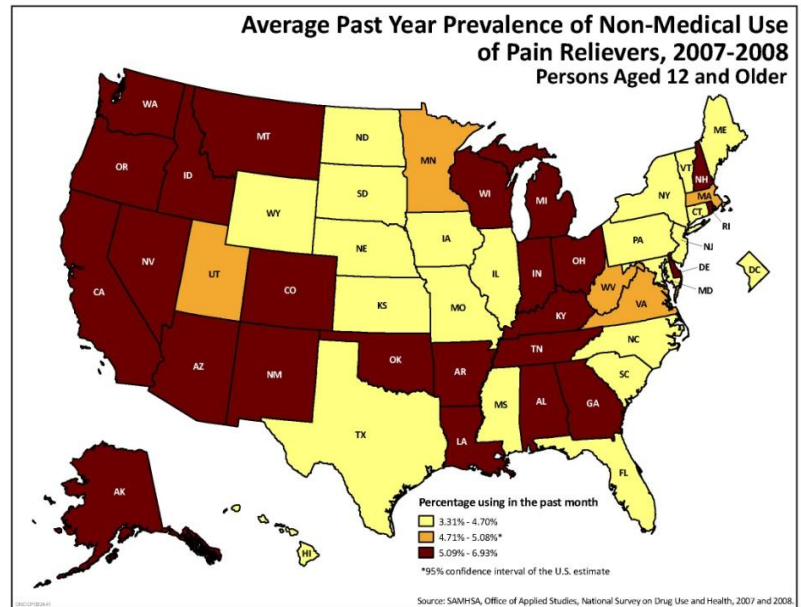
Source: Substance Abuse Treatment Admissions by Primary Substance of Abuse 2009 <http://www.dasis.samhsa.gov/webt/quicklink/TN09.htm>



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, "**Epidemic: Responding to America's Prescription Drug Abuse Crisis,**" provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

Connecticut's operational PDMP collects prescription data for drugs in Schedules II-V into a central database, the Connecticut Prescription Monitoring and Reporting System (CPMRS), which can then be used by providers and pharmacists in the active treatment of their patients. Under Connecticut law, information about all transactions for controlled substances in Schedules II-V must be reported to the CPMRS.

Source: State of Connecticut, Department of Consumer Protection: <http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=411378>.

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

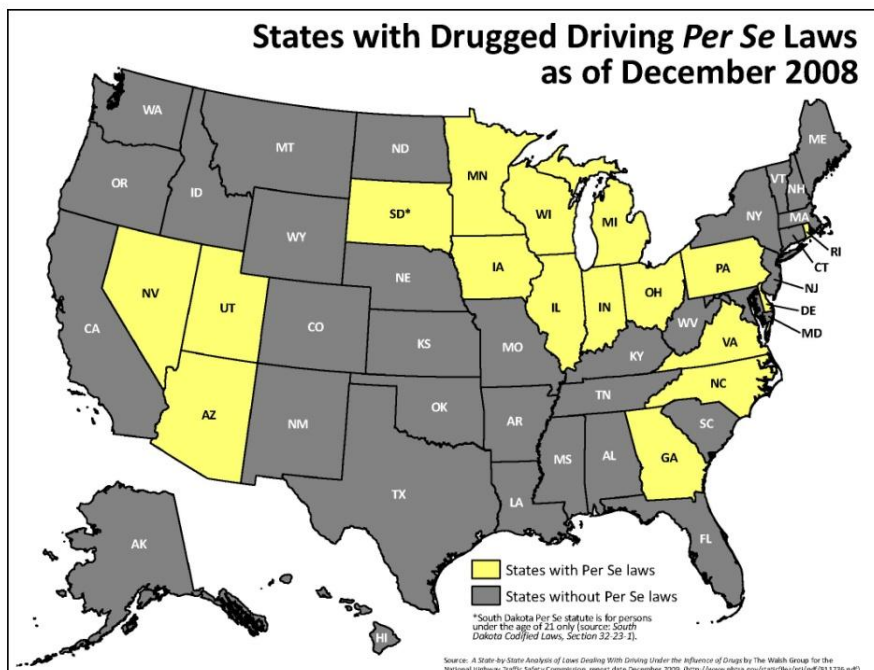
Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.



Connecticut does not have a *Per Se*

standard, but under Section 14-227a of Connecticut law, no person shall operate a motor vehicle in the state while under the influence of any drug. Sanctions following conviction include not more than 6 months (48 hours mandatory) imprisonment, \$500-\$1,000 fine for 1st offense, and not more than 2 years (120 days mandatory), \$1,000-\$4,000 fine for 2nd offense within 10 years.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.

ONDCP Support for Community-Based Prevention

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Connecticut coalitions received grants from ONDCP:

- Bridges... A Community Support System
- East of the River Action for Substance Abuse Elimination, Inc. (ERASE)
- Healthy Communities-Healthy Kids
- Housatonic Valley Coalition Against Substance Abuse, Inc (HVCASA)
- Madison Alcohol & Drug Education Coalition
- New London Community & Campus Coalition
- Newtown Public Schools

- Plymouth Local Prevention Council
- Southeastern Regional Action Council
- Southington's Town Wide Effort to Promote Success Coalition
- Substance Abuse Action Council of Central Connecticut
- Teens in Hartford Promoting Sober Youth
- The Assets Steering Committee

- The First Selectman's Task Force on Substance Abuse
- Tri-Town Substance Abuse Prevention Council
- Waterford Alcohol & Drug Education
- Windham Substance Abuse Task Force

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among Federal, State, and local law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Connecticut

New England HIDTA: Fairfield, Hartford, and New Haven counties.

- The New England HIDTA seeks to identify, investigate, disrupt and dismantle the drug trafficking and money laundering organizations in the region.

Projects and task forces:

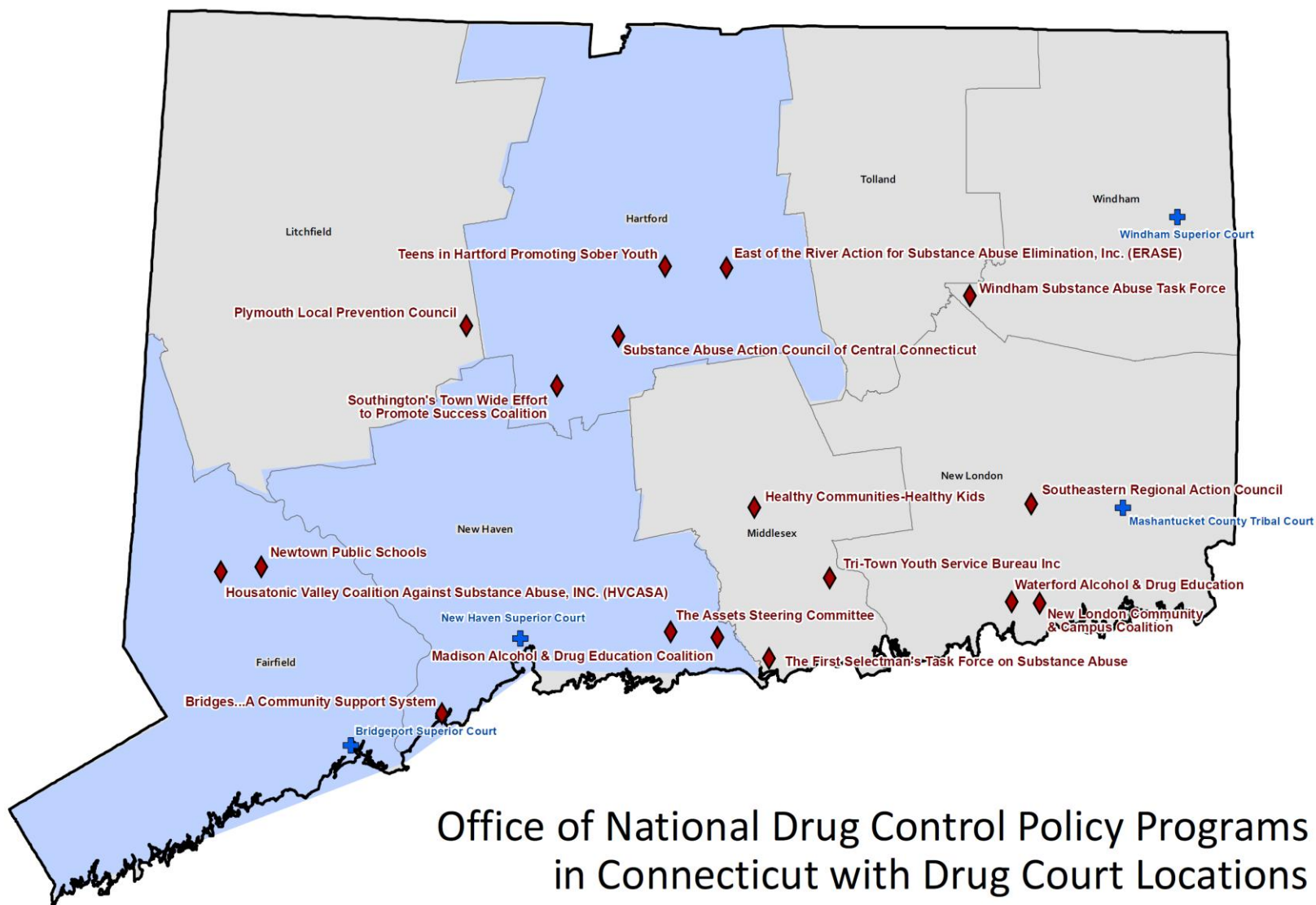
- *Southwestern Connecticut HIDTA Task Force* – focused on identifying, disrupting/dismantling criminal organizations transporting and distributing heroin, cocaine, and crack cocaine from New York City into the Fairfield County area.
- *New Haven-Fairfield County HIDTA Task Force* – focused on disrupting/dismantling core and secondary drug trafficking organizations that transport illegal narcotics into Connecticut, and targets violent gang-related narcotics activity.
- *Hartford County HIDTA Task Force* – focuses its enforcement efforts in the Hartford County area and major transportation centers, including the Bradley International Airport, to reduce the availability of heroin, cocaine, and crack cocaine in the area.
- *Fugitive Task Force* – targets fugitive members of Colombian and Dominican drug trafficking organizations, Consolidated Priority Organization Targets, and other drug trafficking organizations operating in the New England area and other regions of the country.
- *New England Domestic Highway Enforcement* – promotes collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts on the major highways that connect New England to drug sources-of-supply in New York City and the New England-Canadian border.
- *Financial Investigative Task Force* – seeks to identify, investigate, and prosecute large-scale drug money laundering organizations and their financial operating systems throughout the New England area.

Federal Grant Awards Available to Reduce Drug Use in the State of Connecticut

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		375,000
Grants For Coalitions To Prevent And Reduce Alcohol Abuse At Institutions Of Higher Education		375,000
Department of Health and Human Services		
Administration for Children and Families		2,542,748
Mentoring Children of Prisoners		309,154
Promoting Safe and Stable Families		2,233,594
Centers for Disease Control and Prevention		240,050
HIV Prevention Activities_Non-Governmental Organization Based		240,050
Health Resources and Services Administration		1,639,887
Healthy Start Initiative		1,639,887
National Institutes of Health		43,115,909
Discovery and Applied Research for Technological Innovations to Improve Human Health		5,718,634
Drug Abuse and Addiction Research Programs		37,397,275
Substance Abuse and Mental Health Services Administration		33,299,147
Block Grants for Prevention and Treatment of Substance Abuse		17,071,088
National All Schedules Prescription Electronic Reporting Grant		64,579
Projects for Assistance in Transition from Homelessness (PATH)		863,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		11,948,480
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		6,667,469
Shelter Plus Care		6,667,469
Department of Justice		
Office of Justice Programs		13,041,663
Community Capacity Development Office		314,000
Congressionally Recommended Awards		2,050,000
Edward Byrne Memorial Justice Assistance Grant Program		5,558,619
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		596,400
National Institute of Justice Research Evaluation and Development Project Grants		1,995,123
Residential Substance Abuse Treatment for State Prisoners		332,247
Second Chance Act Prisoner Reentry Initiative		1,619,715
Youth Gang Prevention		219,159
Department of Labor		
Employment and Training Administration		500,000
Reintegration of Ex-Offenders		500,000
Executive Office of the President		
Substance Abuse and Mental Health Services Administration		2,071,156
Drug-Free Communities Support Program Grants		2,071,156
Grand Total		103,493,029

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.



- ◆ Drug Free Communities program grantees
- + Drug Court locations
- New England HIDTA counties
- County Boundaries



Source: National Drug Court Institute and ONDCP, September 2011

